



Clerk of the Assessment Appeals Board

Calendaring/Judicial Support Services

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Darlene J. Bloom

Clerk of the Board

ASSESSMENT APPEALS WITHDRAWAL FORM

Today's Date:

Hearing Date (if applicable):

Applicant's Name:

Fax Number:

Agent's Name:

Telephone Number:

Mailing address:

One of the boxes below must be checked:

- ☐ As the Applicant, I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter.
- ☐ As the duly authorized Agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) and Parcel/bill/Assessment Number(s) listed below be withdrawn and terminate this matter.
- ☐ As the authorized employee/Corporate Officer, (Title)
I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed be withdrawn and terminate this matter.

Application Number:

Parcel/Bill/Assessment Number:

Application Number:

Parcel/Bill/Assessment Number:

Application Number:

Parcel/Bill/Assessment Number:

Application Number:

Parcel/Bill/Assessment Number:

☐ Additional affected applications numbers are listed on attachment. Number of pages attached:

Signature of Owner

Print Name

Signature of Agent/Attorney/Authorized Employee/Corporate Officer

Print Name

FORM COB 307

Revised: October 2005